

ROANOKE CITY SHERIFFS OFFICE

PERSONAL HISTORY QUESTIONNAIRE

POSITION APPLIED FOR: _____

DATE APPLIED: _____ DATE RECEIVED: _____

(Office Use Only)

INSTRUCTIONS: This record will be used as a basis for detailed investigation of your background. Please answer all questions in your own handwriting or print, using pen and ink. Identify any additional statements by question number. If a question is not applicable to you, write "NA".

1. Your Legal Name: _____
LAST FIRST MIDDLE

2. List nicknames or other names known by: _____

3. Social Security Number: _____ 4. Date of Birth: _____

5. Sex: _____ 6. Height: _____ 7. Weight: _____

8. Color of Eyes: _____ 9. Color of Hair: _____

10. Any Scars, Marks, Tattoos: _____

11. Place of Birth: _____
CITY OR TOWN COUNTY STATE

12. Native U.S. Citizen: _____ Naturalized U.S. Citizen: _____

13. If naturalized citizen, date of naturalization: _____

14. Present Address: _____ Apt. # _____
(STREET NAME AND NUMBER)

15. City: _____ 16. State: _____ 17. Zip Code: _____

18. Home Telephone: () _____ 19. Business Telephone: () _____

20. Marital Status (Circle One): Single Married Divorced Widowed Estranged

21. Date of Present/Last Marriage: _____ 22. If Divorced, Date of Divorce: _____

23. Wife's Maiden Name or Husband's Full Name: _____

24. If estranged, list present address of wife or husband: _____

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25. List Place of Divorce: _____
26. Attorney's Name and Address: _____
27. Do you have children? Yes _____ No _____ If yes, list all children's full name, date of birth and full name of the other parent or parents if stepchildren.
- #1 Child's Full Name: _____
Date of Birth: _____
Father/Mother's Full Name: _____
- #2 Child's Full Name: _____
Date of Birth: _____
Father/Mother's Full Name: _____
- #3 Child's Full Name: _____
Date of Birth: _____
Father/Mother's Full Name: _____
- #4 Child's Full Name: _____
Date of Birth: _____
Father/Mother's Full Name: _____
28. List each Trade or Night School, High School, Junior High School and Elementary School attended to receive your High School Diploma or G.E.D. certificate.
- Elem. School: _____
City/State: _____ From: _____ To: _____
- Elem. School: _____
City/State: _____ From: _____ To: _____
- Elem. School: _____
City/State: _____ From: _____ To: _____
- Jr. High School: _____
City/State: _____ From: _____ To: _____
- Jr. High School: _____
City/State: _____ From: _____ To: _____
- High School: _____
City/State: _____ From: _____ To: _____

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High School: _____

City/State: _____ From: _____ To: _____

Trade or Night School: _____

City/State: _____ From: _____ To: _____

29. Higher Education:

Name of College: _____

City/State: _____ From: _____ To: _____

Name of College: _____

City/State: _____ From: _____ To: _____

Name of College: _____

City/State: _____ From: _____ To: _____

30. List all Degrees/Certificates/Certifications Received:

1. _____

2. _____

3. _____

MILITARY RECORD

31. Have you been or are you a member of the armed services? Yes _____ No _____

32. Branch of Service: _____ 33. Military Service Number: _____

34. Date Entered Duty: _____ 35. Date Released From Duty: _____

36. Highest Rank Held: _____ 37. Total months active duty: _____

38. Did you receive an honorable discharge? Yes _____ No: _____

39. What is your reserve obligation? _____

40. List name and address of any military unit or National Guard unit that you are a member of at present:

Name of Commanding Officer: _____

Address of Commanding Officer: _____

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41. Have you ever been arrested or convicted under UCMJ? Yes _____ No: _____
If yes, list charges and dates of arrests or convictions.

42. Have you ever been subject of any disciplinary actions under UCMJ? Yes _____ No: _____
If yes, list type of disciplinary actions and dates.

43. What were your occupational specialties and assignments in the armed services?

44. What special training did you receive in the armed services that would be relevant to this position?

FINANCIAL STATUS

45. What is your present annual salary? _____

46. Do you have a supplemental income? _____ If yes, how much annually? _____

47. Is your spouse employed? _____ Firm/Agency: _____

48. List below 5 firms with which you have or have had charge accounts.

FIRM

TYPE OF BUSINESS

CITY/STATE

OPEN/CLOSED

49. Have you ever had an account place in the hands of a collection agency? Yes _____ No _____

If yes, explain:

SHERIFF'S OFFICE QUESTIONNAIRE

50. Have you every been a party in a civil action? Yes _____ No _____
If yes, explain

51. Have your wages ever been garnished? Yes _____ No _____
If yes, explain

52. Have you ever been sued for any reason? Yes _____ No _____
If yes, explain

53. Have you ever filed bankruptcy or chapter 13? Yes _____ No _____
If yes, explain

PRESENT/PAST EMPLOYMENT

54. Are you presently employed? Yes _____ No _____ Complete the following:

Present/Last Former Employer: _____ How long employed: _____

Address: _____

Reason for Leaving: _____

Next to Last Employer: _____ How long employed: _____

Address: _____

Reason for Leaving: _____

List Part-Time work performed for pay over the past year and provide dates worked.

SHERIFF'S OFFICE QUESTIONNAIRE

DMV RECORD

1. Do you have a valid Virginia Operator's or Chauffeur's license? Yes _____ No _____
If yes, complete the following:
License Number _____ Date Issued _____ Expiration Date _____
2. Do you have any other operator's or chauffeur's license? Yes _____ No _____
If yes, complete the following: (May include license issued in another State.)
License Number _____ Date Issued _____ Expiration Date _____
3. Has your operator's/chauffeur's license or privilege to operate a motor vehicle ever been revoked in this State or any other State? Yes _____ No _____ If yes, explain

58. List **all** traffic citations you have ever received.

<u>DATE</u>	<u>CHARGE</u>	<u>ENFORCEMENT AGENCY</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARREST RECORD

59. Aside from traffic citations, have you ever been arrested, issued a summons, or detained as a witness for investigation by a law enforcement agency? Yes _____ No _____
If yes, explain below

<u>DATE</u>	<u>CHARGE</u>	<u>ENFORCEMENT AGENCY</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

60. Have you ever been fingerprinted? Yes _____ No _____ If yes, give the place, date and reason.

61. Have you committed an illegal act in the last five years? Yes _____ No _____ If yes, explain.

SHERIFF'S OFFICE QUESTIONNAIRE

62. Are you presently or have you recently used illegal drugs? Yes _____ No _____

63. Have you ever possessed or sold any amount of illegal drugs? Yes _____ No _____ If yes, when?

64. Do you have relatives who have criminal convictions? Yes _____ No _____ If yes, give name and charge convicted of.

GENERAL HISTORY

65. Have you ever made application for employment to any other police/correctional agency?
Yes _____ No _____ If yes, provide details below.

NAME OF AGENCY

DATE

DISPOSITION

66. If you have applied at another police/correctional agency, is the application still pending? Yes _____ No _____

67. Have you ever been fired or discharged from any job you have held? Yes _____ No _____
If yes, explain.

68. How often do you consume alcohol? _____

69. Are you able and willing to work rotating shifts? Yes _____ No _____

70. Are you able and willing to meet the grooming standards of the Sheriff's Office? Yes _____ No _____

71. Do you have relatives employed by the Sheriff's Office of the City of Roanoke? Yes _____ No _____
If yes, please give name and position.

SHERIFF'S OFFICE QUESTIONNAIRE

72. Do you speak any foreign languages and, if so, to what proficiency? Yes _____ No _____

73. List the names of all social, fraternal and professional organizations of which you are or have been a member. Indicate offices held, if any.

74. List all former addresses and date that you resided at each former address.

FAMILY HISTORY

75. Father's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Occupation: _____

76. Mother's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Occupation: _____

75. Brother/Sister's Name _____ Date of Birth: _____

Address: _____ Phone: _____

Occupation: _____

76. Brother/Sister's Name _____ Date of Birth: _____

Address: _____ Phone: _____

Occupation: _____

SHERIFF'S OFFICE QUESTIONNAIRE

77. Brother/Sister's Name _____ Date of Birth: _____
Address: _____ Phone: _____
Occupation: _____
78. Brother/Sister's Name _____ Date of Birth: _____
Address: _____ Phone: _____
Occupation: _____

DOCUMENTS REQUIRED

You shall be required to submit a copy of the following listed documents, if applicable to the Roanoke City Sheriff's Office when contacted. If you are unable to furnish a copy of those documents, which are numbered 7 through 10, a written explanation shall be substituted for the document to the Sheriff's Office.

- | | |
|--|---|
| 1. Social Security Card | 5. Virginia Operator's License |
| 2. High School Diploma or G.E.D. Certificate | 6. Divorce Decree or Separation Papers |
| 1. Birth Certificate | 7. Military DD-214 Form |
| 2. Marriage License | 8. Other awards/certificates |
| | 9. Contact the last high school or college attended and have them forward a certified copy of your grade transcripts to the Sheriff's Office. |

CERTIFICATION

Thereby certify that all statements made in this questionnaire and any attachments are true and complete as far as I can determine, and I understand that any misstatements of material facts may subject me to disqualifications as a possible candidate for consideration of employment or dismissed from employment.

Signed (Full Name): _____ Date: _____